


CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or Printed Name	Alan W. Cannon		
Signature		Date	October 9, 2003

COMMUNICATION	Attorney Docket Confirmation No.	GUID-003CON3 1695
Address to: Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor	Charles S. Taylor
	Application Number	10/020,451
	Filing Date	December 14, 2001
	Group Art Unit	3736
	Examiner Name	Nasser, Robert L.
	Title	Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery n

Sir:

This is to request that the Power of Attorney and change of correspondence address filed March 6, 2003 be made effective in this case. A stamped postcard, dated March 13, 2003 was received by our office indicating that the Patent Office has received the filing. However, an Office Action mailed on May 9, 2003 was mailed to the old correspondence address and old attorneys of record, who are no longer handling this case. Please update your records. Copies of the documents filed March 13, 2003, as well as the stamped postcard we received are submitted herewith.

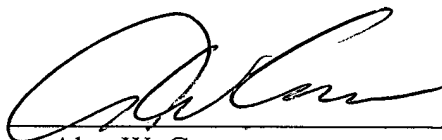
Thank you for your attention to this matter.

Respectfully submitted,
LAW OFFICE OF ALAN W. CANNON

Date:

Oct. 9 2003

By:



Alan W. Cannon
Registration No. 34,977

LAW OFFICE OF ALAN W. CANNON
834 South Wolfe Road
Sunnyvale, CA 94086
Telephone: (408) 736-3554
Facsimile: (408) 736-3564

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OCT 17 2003

TECHNOLOGY CENTER R3700

**POWER OF ATTORNEY
BY ASSIGNEE**

Attorney Docket	GUID-003CON3
First Named Inventor	Taylor, Charles S.
Application Number	10/020,451
Confirmation Number	1695
Filing Date	December 14, 2001
Examiner Name	Robert Nasser
Title: Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery	

Cardiothoracic Systems, Inc., assignee of the above-identified application by assignment dated December 14, 2001, hereby revoke all previous powers and appoint:

Name	Registration No.	Name	Registration No.
Alan W. Cannon	34,977		
Ronald D. Devore	39,958		

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

DIRECT ALL CORRESPONDENCE TO:

Individual Name	Alan W. Cannon; Reg. No. 34,977		
Firm Name	LAW OFFICE OF ALAN W. CANNON		
Address	834 South Wolfe Road		
City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

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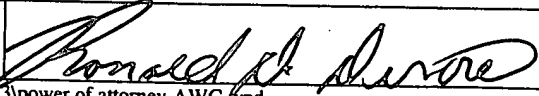
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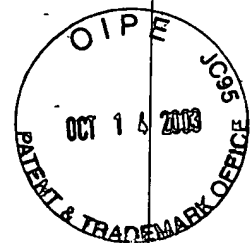
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SIGNATURE of Assignee of Record

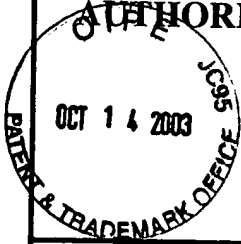
In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on **December 14, 2001 at Reel 012388, Frame 0669.**

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

Name and Company	Ronald D. Devore; Cardiothoracic Systems, Inc.		
Title	Assistant Secretary		
Signature		Date	March 4, 2003



**REVOCATION OF POWER
OF ATTORNEY OR
AUTHORIZATION OF AGENT**



Attorney Docket	GUID-003CON3
First Named Inventor	Taylor, Charles S.
Application Number	10/020,451
Confirmation Number	1695
Filing Date	December 14, 2001
Art Unit	3736
Examiner Name	Robert Nasser
Title	Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

X A Power of Attorney or Authorization of Agent is submitted herewith.

AND

X Please change the correspondence address for the above-identified application to:

Individual Name	Alan W. Cannon		
Firm Name	Law Office of Alan W. Cannon		
Address	834 South Wolfe Road		
City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

I am the:

 Applicant; or
 X Assignee of record of the entire interest
(Certificate under 37 CFR 3.73(b) is enclosed.)

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OCT 17 2003

SIGNATURE of Applicant or Assignee of Record

Name	Ronald D. Devore
Signature	<i>Ronald D. Devore</i>
Date	<i>March 4, 2003</i>

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